



EAU CLAIRE PARKS, RECREATION & FORESTRY DEPARTMENT



Youth and Adult Specialized Recreation Programs Summer 2016 Participant Registration

REGISTRATION (choose all that apply):

☐ **CAMP SUMMERTIME: AGES 13-21 (M/W)** SSPCS-201PH

☐ Program Fee: \$47.00

☐ ECASD Resident Discounted Fee: \$14.00

☐ **CAMP SUMMERTIME: AGES 6-12 (T/Th)** SSPCS-101PH

☐ Program Fee: \$47.00

☐ ECASD Resident Discounted Fee: \$14.00

☐ **PAR-TE-REC: AGES 18+ (W)**

☐ \$3.00 Daily Registration (*add me to the Par-te-Rec List, I will pay at the door*) SSPPR-101BO

☐ \$21.00 Season Pass SSPPR-102BO

PARTICIPANT INFORMATION: All information is confidential.

Please print clearly.

Please note: We do not administer medication during program hours. Please make arrangements.

First Name: _____ Last Name: _____ Participant Telephone # _____

Date of Birth: _____ Chronological Age: _____ Developmental Age: _____ (Circle One) Male or Female

Participant Address: _____ City: _____ State: _____ Zip: _____

E-mail Address (*please print clearly*): _____

Is the participant an Eau Claire Area School District Resident? (Circle One) Yes No

School Attending in Fall '16 (if applicable): _____

Disability & related medical conditions (please be specific such as type of seizure and warning signs): _____

Independent Toilet Skills (Circle One): Yes No Can be moved from wheelchair for transportation (if applicable): Yes No

Behavioral Considerations:

Describe behavioral concerns/issues: _____

Please list calming or de-escalating activities that work best for the participant: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Telephone (H/Cell): _____ (W): _____

Address: _____ City: _____ State: _____ Zip: _____

(if different from participants address)

E-mail Address (*please print clearly*): _____

Emergency Contact: _____ Telephone: _____

I understand participation in Parks and Recreation programs involves an element of risk or danger for all participation and may cause serious injury, death, or property loss. I agree to assume these risks for my family and release the City of Eau Claire, its employees, and other participants from any liability, for injuries and damages sustained while participating in these programs. I understand a physician's approval is encouraged prior to participation.

Parent/Guardian Signature _____

Date _____

For more information,
(715) 839-5032
www.eauclairewi.gov/pr

PLEASE RETURN TO:

Eau Claire Parks, Recreation & Forestry Department
915 Menomonie Street
Eau Claire, WI 54703

